



# Application Form for PHA Private Motor Insurance

## PHA PRIVATE MOTOR APPLICATION FORM

**Important Note**

All questions in this application form must be answered completely.

If the space provided is insufficient, please include attachments.

Agent/Broker \_\_\_\_\_

Code 

--	--	--	--	--	--	--	--	--	--

1. DETAILS ABOUT THE APPLICANT	
a) Name of the Applicant	
b) Address of the Applicant	
c) Phone number	
d) Mobile number	
e) Email id	
f) Occupation	
2. DETAILS OF FINANCE	
a) Is the vehicle under any Finance scheme	Yes/ No
If Yes, please state the following	
Name of the Financier	
Address/Branch	
Agreement Type (please tick)	<input type="checkbox"/> Hire Purchase & Secured Finance <input type="checkbox"/> Secured Credit Union <input type="checkbox"/> Other Finance <input type="checkbox"/> Company Loans <input type="checkbox"/> Bank Loans <input type="checkbox"/> Lease
3. DETAILS OF INSURANCE REQUIRED	
a) Period of Insurance	From __/__/__ at 4:00 pm local time  To __/__/__ at 4:00 pm local time

b) Composite cover for market value required	Yes/ No
c) Third Party Property Damage & Fire and Theft only required	Yes/ No
d) Third Party Property Damage only required	Yes/ No
1. DESCRIPTION OF YOUR VEHICLE	
a) Type of Vehicle	
b) Year	
c) Reg number	
d) Engine number	
e) Chassis number	
f) Transmission type (please tick)	<input type="checkbox"/> Automatic <input type="checkbox"/> Manual
g) Does the vehicle have any damage at present?	Yes/ No
h) Is the vehicle in good condition and roadworthy?	Yes/ No
i) In whose name is the vehicle registered?	
j) Value	PGK
2. ACCESSORIES	
Have you fitted accessories to your vehicle which are in addition to, or in substitution for, accessories which are standard manufacturer's equipment?	Yes/ No
If Yes, please state the correct values below:	
anti-theft device	PGK
radio cassette	PGK
sun roof	PGK
rear window shades	PGK
air conditioner	PGK
bull bar	PGK
fitted roof racks	PGK
seat covers	PGK
alloy wheels	PGK
other accessories (please describe)	PGK
3. MODIFICATIONS	
a) Is your vehicle modified from the manufacturer's specifications	Yes/ No

<p>If Yes, state the modifications (please tick)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Engine</li> <li><input type="checkbox"/> Fuel system exhaust system transmission</li> <li><input type="checkbox"/> Wider wheels</li> <li><input type="checkbox"/> Signwriting</li> <li><input type="checkbox"/> Body panels</li> <li><input type="checkbox"/> Braking system</li> <li><input type="checkbox"/> Steering system</li> <li><input type="checkbox"/> Paintwork</li> <li><input type="checkbox"/> Other (describe)</li> </ul>
<p><b>4. USAGE OF THE VEHICLE</b></p>	
<p>a) State the ways in which your car is used (please tick)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Private</li> <li><input type="checkbox"/> Sales or representative</li> <li><input type="checkbox"/> Courier vehicle</li> <li><input type="checkbox"/> Car parts delivery</li> <li><input type="checkbox"/> Other goods delivery</li> <li><input type="checkbox"/> Taxi</li> <li><input type="checkbox"/> Hire car</li> <li><input type="checkbox"/> Rental car</li> <li><input type="checkbox"/> Tow car</li> <li><input type="checkbox"/> Other business use (describe)</li> </ul>
<p>b) Will the vehicle be used to carry flammable liquids (other than fuel in the fuel tank), explosives or hazardous goods?</p>	<p>Yes/ No</p>
<p>If Yes, please describe</p>	
<p><b>5. SECURITY</b></p>	
<p>a) The vehicle is fitted with - (please tick)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Alarm</li> <li><input type="checkbox"/> Removable steering lock</li> <li><input type="checkbox"/> Coded ignition cut-off</li> <li><input type="checkbox"/> Etched window glass</li> </ul>
<p>b) At night, the car is parked - (please tick)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> On street</li> <li><input type="checkbox"/> In driveway</li> <li><input type="checkbox"/> In carport</li> <li><input type="checkbox"/> In garage</li> </ul>
<p><b>C) INSURANCE HISTORY</b></p>	
<p>a) Please state which insurance company currently insures (or last insured) your vehicle:</p>	
<p>Insurer</p>	
<p>Policy number</p>	
<p>Expiry date</p>	

b) Type of policy (please tick)	<input type="checkbox"/> Damage cover on your own vehicle plus third party property damage <input type="checkbox"/> Third party property only <input type="checkbox"/> Fire and theft damage only <input type="checkbox"/> Fire and theft plus third party property		
c) What is your no claim bonus?	Rating number: Or, Percentage:      %		
d) Please attach proof of 'No claim bonus'			
<b>D) DRIVER HISTORY</b>			
a) Please state the details of everybody you expect will drive the vehicle	Driver 1	Driver 2	Driver 3
Name			
Date of Birth			
Sex	Female/ Male	Female/ Male	Female/ Male
Does this person hold a current licence?	Yes/ No	Yes/ No	Yes/ No
Does this person own a vehicle?	Yes/ No	Yes/ No	Yes/ No
If Yes, Registration Number:			
b) Please state if, in the last 5 years, you or any of the people who will drive the vehicle, had any of the following happen:			
An insurer declined to insure a vehicle	Yes/ No	Yes/ No	Yes/ No
An insurer declined to renew insurance on a vehicle	Yes/ No	Yes/ No	Yes/ No
An insurer has required special terms (such as an increased excess or additional premium) before insuring or continuing to insure a vehicle	Yes/ No	Yes/ No	Yes/ No
Had an accident involving the vehicle proposed for insurance or any other vehicle	Yes/ No	Yes/ No	Yes/ No
Had a vehicle damaged (for example: whilst parked, hail damaged)	Yes/ No	Yes/ No	Yes/ No

Had a vehicle stolen or property stolen from a vehicle	Yes/ No	Yes/ No	Yes/ No
Made a claim under a policy insuring a vehicle	Yes/ No	Yes/ No	Yes/ No
Had any driving or traffic infringements (except parking fines)	Yes/ No	Yes/ No	Yes/ No
If Yes to any of the above please state the following:			
Driver Name			
Describe what happened. (eg: speeding fine, stolen vehicle, loss of licence, accident- other driver at fault, hail damage)			
Date the event happened			
Name of the insurance company			
<b>E) OTHER INFORMATION</b>			
Please state any other information which your duty of disclosure requires you to tell us. This may be, for example, if your vehicle is of an unusual design; if your vehicle is to be used for racing or rallying; if you have been declared bankrupt or convicted of a criminal offence in the last ten years, etc. If there is nothing else for you to disclose, just state "Nothing else to disclose".			

## DECLARATION

I confirm that:

- a) the statements in this Application Form are true.
- b) I have disclosed all matters which PHA should be aware of, and I have not withheld any material information.
- c) I will accept the terms, exclusions, conditions and limitations of the PHA policy wordings.

Date:

Applicant's Signature:

Name: